

Fetal Alcohol Spectrum Disorders: Special Focus

Diagnosis: Early Recognition and Treatment

Fetal Alcohol Syndrome (FAS) is the leading cause of mental retardation in the United States and can cause facial deformities, growth deficiency, and permanent learning disabilities. The term Fetal Alcohol Spectrum Disorders (FASD) includes FAS and the continuum of effects that can result from prenatal exposure to alcohol.

No one knows how many people with Fetal Alcohol Syndrome (FAS) are not diagnosed or misdiagnosed. Many of the problems and behaviors that lead to a diagnosis of FAS are not discernable at birth, especially since there is no consistent, systematic screening of newborns.

FAS may affect nearly one percent of all live births. An effective uniform screening and diagnostic system is needed to aid in early identification of all affected children, whether or not they have the outward, physical signs of the syndrome.

Physicians and other health professionals lack training to diagnose addictive disorders and FAS. According to the Association of American Medical Colleges, only 10 of the 126 medical schools in America require students to complete a course on how to diagnose and refer substance abusing patients. Fewer require a general overview of the causes and consequences of FASD and even less offer coursework addressing the complex neurobehavioral aspects of the disorder.

Physicians do not understand the importance of an early diagnosis. Health professionals are often reluctant to diagnose prenatal alcohol exposure, perhaps because of the stigma attached to alcoholism, or because of the

perception that a diagnosis may not lead to effective treatment options. Unfortunately, delaying a diagnosis can keep a child from early treatment. Access to services early on can help that child lead a more productive life.

There must be consensus among healthcare providers on standard criteria for the medical diagnosis of FAS. In response to a 2001 mandate from congress, the CDC convened a Scientific Working Group charged with developing uniform screening and diagnostic criteria for FASD. This Group recommended definitions of FAS and FASD should be included in standard medical codes used by health professionals, such as the *Diagnostic and Statistical Manual of Mental Disorders*.

Systematic and comprehensive screening of all age groups, within various qualified venues, is needed. Screening would have two positive outcomes: serving as a tool to determine the extent of the problem and delivering services to those who need them. Screening must also include a referral component.

Physicians need to initiate more dialogue about alcohol use with their patients. The National Institute of Alcoholism and Alcohol Abuse (NIAAA) stated in their 2001 Strategic Plan to Address Health Disparities that "Alcohol-related disorders occur in approximately 26 percent of general medical patients, a prevalence rate that is similar to that for hypertension."

The National Organization on Fetal Alcohol Syndrome

900 17th St NW

Suite 910

Washington, DC 20006

www.nofas.org